

Application/Control Number: 09/965,374
Art Unit: 2127

Docket No.: PALM-3612

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Jeffrey H. Loucks

: Attorney Ref.: PALM-3612
:

Serial No.: 09/965,374

: Art Unit: 212
:

Filed: 09/26/2001

:
:

FOR: A METHOD FOR
DYNAMICALLY ENABLING THE
EXPANSION OF A COMPUTER
OPERATING SYSTEM

: Examiner: Jennifer TO
:
:
:

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APR 25 2005

AMENDMENT

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Dear Sir:

Responsive to the Office Action dated January 25, 2005, kindly enter the following
Amendment and Remarks.

Amendments to the Abstract begin on page 2 of this paper.

Amendments to the Claims begin on page 3 of this paper.

Remarks begin on page 2 of this paper.

FAX COVER SHEET

**Berry & Associates, P.C.
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Attention: J. TO

Company: USPTO

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Please find attached a Power of Attorney,
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Respectfully submitted,

Berry & Associates, P.C.

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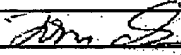
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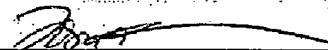
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/965,374
	Filing Date	09/28/2001
	First Named Inventor	Loucks
	Art Unit	2127
	Examiner Name	J. TO
Total Number of Pages in This Submission	Attorney Docket Number	PALM-3512

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thomas M. Isaacson, Reg. No. 44166
Signature	
Date	April 25, 2005

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Typed or printed name:	Thomas M. Isaacson
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Date	April 25, 2005

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